



Haloacetic Acids Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	<input type="text"/>	City / Town:	<input type="text"/>
PWS Name:	<input type="text"/>	PWS Class:	COM <input type="checkbox"/> NTNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A			
B			
C			
D			

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
C	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
D	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES	
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #:	<input type="text"/>	Primary Lab Name:	<input type="text"/>	Subcontracted? (Y/N)	<input type="text"/>
Analysis Lab MA Cert. #:	<input type="text"/>	Analysis Lab Name:	<input type="text"/>		

Contaminant	MCL µg/L	MDL µg/L	RESULTS ¹ µg/L			
			A	B	C	D
TOTAL HAA5	60	-----				
MONOCHLOROACETIC ACID						
DICHLOROACETIC ACID						
TRICHLOROACETIC ACID						
MONOBROMOACETIC ACID						
DIBROMOACETIC ACID						
Lab Method						
Date Extracted						
Date Analyzed						
Lab Sample ID#						
Surrogate:			%	%	%	%

¹ Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES	
A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature: _____

Date: _____

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		